## MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I AMENDMENT AFTER AS FILED 2 MAMENBMENT AFTER I"AMERDMENT 1 MAMERDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. O T TOTAL IND. A \$ TOTALEXO \$ T \$ TOTAL DEP. TOTAL DEP **∜**¤ ⇜ TOTAL TOTAL. CLAIMS CLABCS ero isse core com U.S. DEPARTMENT of COMMERCE